#### **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

**Application Type::** 

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

MULTI-STAGE CODE GENERATOR AND

DECODER FOR COMMUNICATION SYSTEMS

Attorney Docket Number::

019186-003800US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

1

**Total Drawing Sheets:** 

20

Small Entity?::

Yes

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Iran

Status:: Full Capacity

Given Name:: M.

Middle Name:: Amin

Family Name:: Shokrollahi

Name Suffix::

City of Residence:: Berkeley

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 904 Regal Road

City of Mailing Address:: Berkeley

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94708

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Denmark

Status:: Full Capacity

Given Name:: Soren

Middle Name::

Family Name:: Lassen

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 233 Barlett St.

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address: 94708

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: Luby

Name Suffix::

City of Residence:: Berkeley

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1133 Miller Ave.

City of Mailing Address:: Berkeley

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94708

**Correspondence Information** 

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

# **Foreign Priority Information**

Country:: Application number:: Filing Date::

## **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::